

Program Description

This program will focus on practical methods which clinical laboratories can use to remain alert for the agents of bioterrorism. Participants will learn about surveillance, evaluation and confirmatory procedures which can be integrated into the routine work of the microbiology laboratory. Procedures for referring suspected cases will also be discussed.

In this is a hands-on course, participants will spend time examining actual cultures and organisms in a laboratory setting.

Who Should Attend?

This intermediate level workshop is designed for laboratorians working in hospitals and other laboratories who handle microbiology specimens or organisms isolated from patients or individuals who supervise laboratories handling microbiology specimens. Participation is limited to 18 laboratorians and number of participants per facility may be limited.



The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

NLTN Southeastern Office
P. O. Box 160385
Nashville, TN 37216-0385



A Plan of Action: Bioterrorism Preparedness for Clinical Labs

Cosponsored by:
National Laboratory Training Network
and
Tennessee Department of Health
Laboratory Services

October 3, 2002
Nashville, TN

A Plan of Action:

Bioterrorism Preparedness for Clinical Labs

For additional information please call 615-262-6315
or 800-536-6586 (Southeast only) or e-mail us at: seoffice@nltn.org.

Objectives

Upon completion of the program, participants will be able to:

- * Discuss the role of the clinical laboratory in discovering organisms targeted for use in acts of bioterrorism.
- * Explain the safety implications of handling suspected organisms in clinical specimens and isolates.
- * Describe the clinical and laboratory features of the primary agents likely to be involved in a bioterrorist event including: anthrax, plague, botulism, tularemia, brucellosis and smallpox.
- * Recognize culture, staining and biochemical characteristics of bioterrorist organisms.
- * Apply information presented to clinical scenarios in order to avoid identification pitfalls.
- * Outline the process for contacting and transporting suspected organisms to the Tennessee Department of Health Laboratories.

Continuing Education

Continuing Education Credits will be offered, based upon 5.5 hours of instruction.

Schedule

8:30	Registration
9:00	Introductions
9:15	Bioterrorism: Are We Ready?
9:45	The Laboratory Response Network
10:00	Safety in a Clinical Laboratory
10:30	Break
10:45	Identification of Organisms Targeted for Use in Acts of Bioterrorism
12:15	Lunch (provided)
1:00	Laboratory Exercises
2:15	TDH Laboratory's Role in Bioterrorism Preparedness
2:45	Applying What You Have Learned: Case Studies
4:15	Evaluation and Wrap-Up
4:30	Adjourn

Faculty

Vickie Baselski, Professor, Department of Pathology, University of Tennessee Health Science Center

Cindy Jackson, Safety and Bioterrorism Preparedness Coordinator, Laboratory Services, Tennessee Department of Health

Michael W. Kimberly, Director, Laboratory Services, Tennessee Department of Health

Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN office at least two weeks prior to the workshop by calling: 615-262-6315.

Location

Tennessee Department of Health
Laboratory Services
630 Hart Lane
Nashville, TN 37216

To Register

Registration fee for this course is \$30.
Registration Deadline: September 19, 2002

You may register for the course one of three ways:

By mail - complete the form and mail it with your check, payable to APhL, to:

APHL—NLTN Registration
P.O. Box 79117
Baltimore, MD 21279-0117

By fax - complete the form - be sure to include your credit card information and fax it to:
202-776-9084

On-line at: <http://www.nltn.org/registration.htm>



All participants will receive a copy of *Cumitech 33*:
Laboratory Safety, Management,
and Diagnosis of Biological Agents
Associated with Bioterrorism, published by
ASM Press*.

* Does not constitute endorsement by CDC, NLTN, APhL, or Tennessee Department of Health.

Please type or print

(Dr., Mr., Mrs., Ms., or Miss) (First) (M.I.) (Last)

Social Security Number	We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act.		
Position Title	E-mail Address		
Employer's Name			Employer's Phone Number
Employer's Address			Employer's Fax Number
City	State	Zip	
Course Number and Date	A Plan of Action: Bioterrorism Preparedness for Clinical Labs 10/3/2002 (SE3103)		
Signature of Applicant			Date

EDUCATION LEVEL
(Circle Highest Level Attained.)

01 Some High School
02 High School Graduate
03 Some College
04 Associates Degree
05 Bachelors Degree
06 Master's Degree
07 Doctoral Degree-MD
08 Doctoral Degree-Other than MD
09 Technical/Hospital School

OCCUPATION
(Circle one number.)

01 Physician
02 Veterinarian
04 Laboratorian
05 Nursing
06 Sanitarian
07 Industrial Hygienist
08 Administration
09 Water Treatment Operator

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

The information requested on this form is collected under the authority of 42 U.S.C. 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. Furnishing the information requested on this form, including your Social security number (SSN), is voluntary. However, no applicant may receive Continuing Education Unit or Continuing Medical Education Unit credit unless a completed application form is received. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public Reporting burden for this information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC-ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MSD-24, Atlanta, Georgia 30333; Attn: PRA (0920-0017).

TYPE OF EMPLOYER
Please review all categories before circling appropriate one
(Circle one number.)

01 State and Territorial Health Department
02 Other State & Territory Employer
03 Local, City or County Health Dept.
04 Other Local Government Employer
05 CDC
06 Other CDC Employer
09 U.S. Food & Drug Administration
11 U.S. Department of Defense
12 Veterans Administration Hospital
15 Other Federal Government Employer
16 Foreign Employer
17 Private/Community Hospital
19 College/University
21 Private Industry
23 Private Clinical Laboratory
24 Physician Office Lab/Group Practice
25 Hospital-State Funded
26 Hospital-City/County Funded
28 Health Maintenance Organization

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- ☐ Enclosed is my check or money order, payable to APHL.
- ☐ Enclosed is a Purchase Order, please bill me.
- ☐ Bill my Credit Card (circle one).
VISA MasterCard
American Express

Submit your registration form to:
APHL - NLTN Registration
P.O. Box 79117
Baltimore, MD 21279-0117

Or by fax to: 202-776-9084

Refund Policy: Cancellations prior to deadline will be refunded minus a \$10.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which cannot be accepted due to over enrollment will be refunded in full.

Card Holder's Name

Card Number

Expiration Date

Signature

Date

Amount of payment